Application or Docket Number

09/530818

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

			FILED -	:	SMALL I	ENTITY	*	OTHER	THAN				
FOR			(Column 1)			(Column 2)			TYPE		OR	SMALL	ENTITY
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE				a lateral la			<b>第</b> 76	1		<b>346.00</b>	OR		
TOTAL CLAIMS			18	; minus 2	0=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =			= : -			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								-	+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								. L	TOTAL	485	OR	TOTAL	
CLAIMS AS AMENDED - PART II										702	10	OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL I	ENTITY	OR	SMALL I	
AMENDMENT A		REM.	AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• /	6	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent FIRST PRESE	NTATIC	3 IN OF M	Minus	PENIC		=		X39=		OR	X78=	
			711 07 101	,	LIVE	PENT CLAIM			+130≈		OR	+260=	
								Α.	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
		umn-1)		~.	<i>J</i> J11. FEE			AUDII. FEE					
AMENDMENT B		REM Ai	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total		b	Minus	••	TAID FOR	_		X\$ 9=	FEE		X\$18=	FEE
	Independent		3	Minus	***	•	=	-			OR		
	FIRST PRESE	NTATIO	N OF M	JLTIPLE DEF	PENE	IDENT CLAIM		L	X39≖		OR	X78=	
									+130≈		OR	+260≈	
BEST AVAILABLE COPY								ΔΓ	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
			umn 1)	•		Column 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	ADDII. I EE,	
AMENDMENT C		REM AF			Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total			Minus	**		=		X\$ 9≃		OR	X\$18=	
	Independent	·		Minus	***		=	<b> </b>	X39=		•	X78≈	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	V02≈		OR	A/0=	
١.,	f the entry in colu	mn í is l	ess than th	e entry in colu	mp 2	write "O" in ~	Imn 3	Ŀ	+130=		OR	+260=	
	If the "Highest Nu If the "Highest Nu The "Highest Nur	mber Pro mber Pro	eviously Pa eviously Pa	aid For IN THI aid For IN THI	S SP/ S SP/	ACE is less tha ACE is less tha	n 20; enter "20." n 3. enter "3."	7	TOTAL DIT. FEE	propriate box		TOTAL ADDIT, FEE umn 1.	•